STATE OF CALIFORNIA

TRAINING REGISTRATION

STD. 697 (REV. 9-95) FMC

INSTRUCTIONS: *This form is to be used to enroll employees in training. Please complete all sections of this request and mail or fax it to the appropriate training program. If you are uncertain about any item, please contact the appropriate training program for clarification. See reverse for Training Request and Cancellation/Substitution/No Show Policies.*

☐ **State EDP Education Program (SEEP)**
DEPARTMENT OF GENERAL
 SERVICES
1500 5th St., Ste. 101
Sacramento, CA 95814
(916) 445-0397
CALNET 8-485-0397
FAX (916) 323-3071   IMS C-39

☐ **State Training Center (STC)**
DEPARTMENT OF PERSONNEL
 ADMINISTRATION
1515 S St., North Bldg., Ste. 105
Sacramento, CA 95814
(916) 445-5121
CALNET 8-485-5121
FAX (916) 324-4050   IMS G-2

☐ **OTHER**

*Privacy Statement. Providing the Social Security Number is voluntary in accordance with the Federal Privacy Act of 1974 (PL 93-579). If provided, the Social Security Number may be used by departments to maintain records of training requested and attended by employees.

SECTION I   PARTICIPANT INFORMATION

CBID	CUSTOMER CODE	BILLING CODE

NAME

DEPARTMENT

DIVISION

ADDRESS

CITY, STATE, ZIP

IMS CODE

CLASSIFICATION	SOCIAL SECURITY NUMBER *

E-MAIL ADDRESS *(Internet, Office Vision, etc.)*

TELEPHONE NUMBER	FAX NUMBER
( )	( )

DISABILITY ACCOMMODATION
☐ AUDITORY   ☐ MOBILITY   ☐ VISUAL   ☐ OTHER

SECTION II   COURSE INFORMATION

COURSE TITLE *(Include number, if appropriate)*   TUITION
$

	SECTION NUMBER	DATES	TRAINING CENTER USE ONLY
1st Choice			☐ COMPLETED ☐ NOT COMPLETED
2nd Choice			☐ DID NOT SHOW ☐ LATE CANCEL
3rd Choice			

☐ PLEASE ENROLL ME IN THE NEXT AVAILABLE SESSION

CONFIRMATION OF ENROLLMENT: A confirmation letter will be mailed or faxed to you 10 days before your class with details about the class location, times and dates. We will also tell you about any special materials you should bring to the first class. If you have not received a notification letter within 5 working days prior to the scheduled first day of class, we encourage you to contact the appropriate training program to see if you have been officially enrolled into the class.

BILLING INFORMATION: The State Training Center requires payment by the first day of the course. Checks should be made payable to the State Training Center. If arrangements have been made for billing, indicate the interagency agreement number in the billing code space above.

NOTE: The person listed below will receive confirmation of the participant's enrollment. This person is responsible for notifying the appropriate training program if the participant needs disabled accommodation or if the participant must cancel or reschedule the enrollment.

SECTION III   BILLING INFORMATION

SIGNATURE OF PERSON AUTHORIZING TRAINING AND EXPENDITURE   DATE SIGNED

TELEPHONE NUMBER
(   )

FAX NUMBER
(   )

E-MAIL ADDRESS *(Internet, Office Vision, etc.)*

NAME

DEPARTMENT

DIVISION

ADDRESS

CITY, STATE, ZIP

IMS CODE

FOR ADDITIONAL INFORMATION, CONTACT

TRAINING COORDINATOR *(If different from authorizing person at left)*
(Name)   *(Telephone Number)*

CANCELLATIONS/SUBSTITUTIONS/NO-SHOWS

STATE EDP EDUCATION PROGRAM (SEEP): Despite your best intention to attend our training, we know last minute job requirements may affect your enrollment. SEEP offers you the flexibility to cancel enrollment with no financial penalty up to 10 working days prior to the scheduled class start date. If cancellation occurs within the 10 working day period, we offer the option of tranferring your enrollment to another student or transferring you to another class date. **Credits expire after 60 days.**

STATE TRAINING CENTER: If you are unable to attend this class, contact your Training Coordinator to either find a substitute or to cancel the registration. If you must cancel, your Training Coordinator must contact the State Training Center more than 10 working days before the first day of the class to avoid a $25 late cancellation charge. The full tuition will be charged if you neither attend the class nor cancel the registration

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FOR IN-HOUSE USE

TRAINING CATEGORY	TRAINING TYPE

TRAINING CATEGORY

☐ JOB REQUIRED

☐ JOB RELATED

☐ UPWARD MOBILITY

☐ CAREER DEVELOPMENT

TRAINING TYPE

☐ COMPUTER   ☐ IN-SERVICE

☐ SUPERVISORY   ☐ OUTSERVICE

☐ ALL OTHER   ☐ Enrolled by phone

☐ Not enrolled. Training Office to mail check and registration form.

COST AND BILLING INFORMATION

Registration Fees .... $_____

Books/Supplies.. $_____

Travel/Per Diem .... $_____

Total .... $_____

MAKE CHECK PAYABLE TO

UNIT NAME

UNIT TELEPHONE NUMBER	EMPLOYEE'S TELEPHONE NUMBER
( )	( )

ADDITIONAL INFORMATION / JUSTIFICATION

APPROVALS

EMPLOYEE'S SIGNATURE	ACCOUNTING OFFICER'S SIGNATURE
SUPERVISOR'S SIGNATURE	DIVISION HEAD'S SIGNATURE
TRAINING COORDINATOR'S SIGNATURE	TRAINING OFFICER'S SIGNATURE